



STATE OF COLORADO

CLASS SERIES DESCRIPTION

September 1, 1998

COMPENSATION INSURANCE SPECIALIST

H6J1IX TO H6J7XX

DESCRIPTION OF OCCUPATIONAL WORK

This class series uses seven levels in the Professional Services Occupational Group and describes work in the areas of worker's compensation claims, employer services, medical cost containment, special funds, support services for line operations, and safety and loss prevention.

Positions in worker's compensation are involved in intervening between parties (clients), i.e., claimants, employers, insurance carriers, and medical providers, involved in a worker's compensation claim to resolve issues and disputes in order to settle claims and avoid formal hearings; ensuring insurance companies and employers comply with applicable statutes and procedural regulations of the Colorado Worker's Compensation Act; educating the public and clients on statutes, rules, procedures, rights, and responsibilities; auditing and verifying that benefits are calculated properly; ensuring medical costs are contained while maintaining quality medical care for the worker's compensation system; ensuring employers provide worker's compensation insurance coverage and comply with applicable statutes, rules, and regulations pertaining to premium calculations while at the same time containing premium cost; and, providing accident prevention and loss control services to employers and agencies to prevent injuries to employees and control insurance costs.

In the area of claims, positions are involved in assisting claimants and employers in processing worker's compensation claims by interpreting and explaining laws, regulations, and procedures; intervening between clients to settle claims; monitoring insurance carriers and employers to ensure compliance with applicable statutes and assessing penalties for non-compliance with claims processing statutes, rules, or regulations; educating employers and insurance carriers in claims processing procedures, rules, and regulations; and, conducting and providing mediation services to resolve differences between parties involved in worker's compensation issues to avoid litigation.

In the area of employer services, positions are involved with contacting employers to ensure compliance with overall worker's compensation insurance laws and regulations and to discuss and explain claim issues; providing accident and loss prevention/control services to companies to enable companies to become certified and qualify for premium incentives; reviewing financial information of companies to determine eligibility for self-insurance; examining company records to ensure premiums are properly

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

calculated; and, advising employers of applicable statutes, regulations and, rules to ensure effective administration of the worker's compensation insurance program.

In the area of medical cost containment, positions are involved in providing a variety of services to clients designed to control insurance costs such as, utilization review which includes convening utilization review committees to establish utilization standards, medical guidelines, and medical fee schedules to contain costs; ensuring compliance with applicable utilization guidelines; analyzing cases and recommending medical utilization review of cases as necessary; providing for and maintaining accreditation of medical professionals who review worker's compensation cases by arranging accreditation training and education; maintaining records of accredited medical professionals for use in specific cases; determining proper medical professionals to provide independent medical examinations of cases to assess the nature of an injury based upon evaluation of the specific case; and, performing other services related to controlling costs pertaining to the worker's compensation insurance system.

In the area of special funds, positions are involved in providing a variety of direct claims management services. The special funds area operates similar to an insurance carrier and is responsible for the direct payment of claims pertaining to the Colorado Medical Disaster Fund, the Colorado Major Medical Insurance Fund, the Subsequent Injury Fund, and the Minor's Trust Fund. Unlike positions in the claims area, who function as intermediaries between clients involved in a worker's compensation case to settle claims, positions in the special funds area provide direct claims management services. Work in this area involves determining eligibility for benefits and the type of awards, computing benefits, designing plans for the delivery of benefits (for injuries that often involve permanent or partial disability or cases where commercial insurance carriers have paid the maximum required by law) in a way that maximizes benefits and minimizes costs, and processing the documents for payment of benefits. Additionally, positions are involved in providing medical case management services. This includes providing technical direction and guidance in managing specific worker's compensation medical cases by determining, implementing, ensuring, and monitoring the delivery of appropriate medical care for individual cases.

In the area of support services for line operations, positions are involved in a variety of activities designed to improve the management and administration of the overall worker's compensation insurance program. Work includes performing tasks such as, conducting program evaluation reviews to devise improved processes for accomplishing work; providing technical support by developing efficient and effective program policies and procedures and ensuring program guidelines are applied properly; conducting management analysis and systems feasibility studies to recommend program improvements and/or automation of work; preparing a variety of statistical reports reflecting program activity; and, other support services designed to manage worker's compensation insurance program areas effectively and deliver services in a cost efficient manner.

In the safety and loss prevention area, positions are involved in providing accident prevention and loss control services to agencies and employers to prevent injuries to employees and control insurance costs. Positions perform a variety of services such as, conducting surveys of work facilities to identify hazardous work areas and procedures and recommend improvements; analyzing accident records to identify problem areas and recommend solutions; preparing and implementing loss control and safety plans; training, advising, and guiding agencies in the development and implementation of safe work procedures, methods, and safety manuals; investigating accidents and causes of insurance losses to

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

provide advice on safety practices and ways to avoid injuries and losses; and, performing other activities designed to prevent and minimize worker injuries in order to control insurance costs. Due to cross utilization of employees, some positions perform work in more than one of the following areas of claims, employer services, medical cost containment, special funds, support services and/or safety and loss prevention.

INDEX: Compensation Insurance Intern and Compensation Insurance Specialist I begins on this page, Compensation Insurance Specialist II begins on page 5, Compensation Insurance Specialist III begins on page 6, Compensation Insurance Specialist IV begins on page 9, Compensation Insurance Specialist V begins on page 10, and the Compensation Insurance Specialist VI begins on page 12.

COMPENSATION INSURANCE INTERN

H6J1IX

CONCEPT OF CLASS

This class describes the entry level. Work is designed to train positions for a higher level in the class series. Although tasks are similar to those of the first working level, assignments are structured and performed with direction and assistance from others. Positions carry out established work processes and operations by learning to apply and follow procedures, techniques, rules, and regulations. Once training has been completed, the position is to be moved to the next level. Positions should not remain in this class indefinitely.

COMPENSATION INSURANCE SPECIALIST I

H6J2TX

CONCEPT OF CLASS

This class describes the first working level. Positions are not expected to perform the full range of claims, employer service, medical cost containment, special funds, support service, and/or safety and loss prevention work. Because of the structure of assignments, decision making and complexity are limited to carrying out established work processes and operations or phases of the fully-operational assignment by following and applying instructions, procedures, rules, and regulations. Tasks performed at this level may be the same as the fully-operational level but are performed with more direction and assistance from a position in a higher level Compensation Insurance Specialist class and provide the experience and development necessary to function at the fully-operational level. Positions at this level perform work in one or more areas identified above, under the Description of Occupational Work section.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making --The decisions regularly made are at the defined level, as described here. Within limits prescribed by the specific worker's compensation program area, choices involve selecting alternatives that affect the manner and speed with which tasks in the are carried out. These choices do not affect the standards or results of the operation itself because there is typically only one correct way

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

to carry out the operation. These alternatives include independent choice of such things as priority and personal preference for organizing and processing the work, proper tools or equipment, speed, and appropriate steps in the operation to apply. By nature, the data needed to make decisions can be numerous but are clear and understandable so logic is needed to apply the prescribed alternative. For example, a position decides the most efficient steps to follow to complete assignments in the specific worker's compensation program area such as, examining a claim to determine if admissions for benefits were filed accurately and timely; preparing a case for submission to the Office of the Attorney General for representation in a Subsequent Injury claim; selecting and referring information to medical providers for independent medical evaluation and/or utilization review; surveying physical facilities and/or reviewing loss data to identify hazardous areas which may cause injury and suggesting safety precautions. Positions can be taught what to do to carry out assignments and any deviation in the manner in which the work is performed does not change the end result of the operation.

Complexity --The nature of, and need for, analysis and judgment is prescribed, as described here. Positions apply established, standard guidelines pertaining to the applicable program area which cover work situations and alternatives. Action taken is based on learned, specific guidelines that permit little deviation or change as the task is repeated. Any alternatives to choose from are clearly right or wrong at each step. For example, a position follows established worker's compensation program area procedures when verifying admission data, referring medical information for independent medical evaluation, or surveying facilities and reviewing loss data and suggesting safety precautions and citing violations in worker's compensation and safety rules and regulations.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of either of the following:

Detecting, discovering, exposing information, problems, violations or failures by interviewing or investigating where the issues or results of the contact are not known ahead of time. For example, a position contacts a party involved in a claim to obtain an understanding of the type of injury in order to make a referral to a proper medical professional or process a claim.

Advising, counseling, or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, a position advises others on proper interpretation of laws, regulations, and rules to resolve claim processing problems and ensure proper application of program guidelines, or advises clients on proper safety precautions and practices.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

COMPENSATION INSURANCE SPECIALIST II

H6J3XX

CONCEPT OF CLASS

This class describes fully-operational level of claims, employer services, medical cost containment, special funds, support services, and/or safety and loss prevention work. Positions at this level are expected to exercise a higher degree of decision making and complexity than the lower specialist I level by functioning at the fully-operational level with less direction and assistance. Work includes performing the full range of work identified above under the Description of Occupational Work section. At this level, positions use judgment in selecting and interpreting practices or techniques pertaining to the applicable program area to complete assignments. The Compensation Insurance Specialist II differs from the Compensation Insurance Specialist I on the Decision Making and Complexity factors.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making --The decisions regularly made are at the operational level, as described here. Within limits set by the specific worker's compensation program area process, choices involve deciding what operation is required to carry out the process. This includes determining how the operation will be completed. By nature, data needed to make decisions are numerous and variable so reasoning is needed to develop the practical course of action within the established process. Choices are within a range of specified, acceptable standards, alternatives, and technical practices. For example, a position studies claims and worker's compensation program data and determines which program guideline to apply in order to resolve disputes and settle specific claims; determine proper benefits; contain medical costs; recommend and prescribe improvements in work processes; or, determine the best loss prevention approach to recommend in order to reduce or minimize insurance costs.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study specific program area information to determine what it means and how it fits together in order to get practical solutions such as, settled worker's compensation claims; containment of costs; determination of eligibility for special fund benefits; improved work processes to provide program services; or, improved safety and loss prevention practices and programs. Guidelines in the form of laws, regulations, rules, and agency policies pertaining to the applicable specific program area exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying program circumstances as the task is repeated. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given circumstances of the situation. For example, a position selects and applies the appropriate program guideline based on interpretation of the individual worker's compensation insurance situation in order to process and settle claims and disputes between claimants, employers, and insurance carriers; improve work processes to provide program services cost effectively; or, improve safety practices.

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of either of the following:

Detecting, discovering, exposing information, problems, violations or failures by interviewing or investigating where the issues or results of the contact are not known ahead of time. For example, a position contacts a party involved in a claim to obtain an understanding of the nature and type of injury in order to make a referral to a proper medical professional for medical review or process a claim.

Advising, counseling, or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, a position advises others on proper interpretation of laws, regulations, and rules to resolve claim processing problems and ensure proper application of program guidelines, or advises clients on proper safety precautions and practices.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

COMPENSATION INSURANCE SPECIALIST III

H6J4XX

CONCEPT OF CLASS

This class describes work leader or staff authority positions. In addition to the work performed at the Specialist II level, positions at this level function as work leaders as described by the Line/Staff Authority factor. Staff authorities are acknowledged by their peers and agency management as an authority in specialized subject areas of worker's compensation such as, special funds claims management, medical case management, and/or safety and loss prevention. Staff authorities are called upon for their expertise by agency management to provide technical guidance and direction on the proper application and/or development of claims management, medical case management, and/or safety and loss prevention guidelines and the resolution of issues and problems for their assigned specialized subject area. The Compensation Insurance Specialist III differs from the Compensation Insurance Specialist II on Decision Making, Purpose of Contact, and Line/Staff Authority.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making --The decisions regularly made are at the process level, as described here. Within limits set by professional standards, the agency's available technology and resources, and specific worker's compensation area program objectives and regulations established by a higher management level, choices involve determining the process, including designing the set of operations used to complete worker's compensation insurance program assignments. The general pattern, program, or system exists but must be individualized to plan the delivery of worker's compensation program services

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

to suit specific client needs. This individualization requires analysis of data that is complicated. Analysis is breaking the problem or case into parts, examining these parts, and reaching conclusions that result in processes. This examination requires the application of known and established business management, claims management, underwriting, and/or safety and loss control program theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. For example, a position determines and delivers specific program services to clients in the areas of claims, employer services, medical cost containment, special funds, support services for line operations, and/or safety and loss prevention based upon analysis of data pertinent to individual cases; designs loss prevention plans and processes used to prevent injuries to employees and control insurance costs; designs processes to ensure claims are analyzed and processed properly; or, determines and ensures the administration and delivery of appropriate medical care for individual cases by providing medical case management services. New processes or objectives require approval of higher management or the agency with authority and accountability for the program or system.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study specific program area information to determine what it means and how it fits together in order to get practical solutions such as, settled worker's compensation claims; containment of costs; determination of eligibility for special fund benefits; improved work processes to provide program services; or, improved safety and loss prevention practices and programs. Guidelines in the form of laws, regulations, rules, and agency policies pertaining to the applicable specific program area exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying program circumstances as the task is repeated. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given circumstances of the situation. For example, a position selects and applies the appropriate program guideline based on interpretation of the individual worker's compensation insurance situation in order to process and settle claims and disputes between claimants, employers, and insurance carriers; improve work processes to provide program services cost effectively; or, improve safety practices.

Purpose of Contact --Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of any of the following:

Detecting, discovering, exposing information, problems, violations or failures by interviewing or investigating where the issues or results of the contact are not known ahead of time. For example, a position contacts a party involved in a claim to obtain an understanding of the nature and type of injury in order to make a referral to a proper medical professional for medical review or process a claim.

Advising, counseling, or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, a position advises others on proper interpretation of laws, regulations, and rules to resolve claim processing problems and ensure proper application of program guidelines, or advises clients on proper safety precautions and practices.

Clarifying underlying rationale, intent, and motive by educating others on unfamiliar concepts and theories. This goes beyond what has been learned in training or repeating information that is available in another format. For example, a position educates private organizations, state agencies, and others on the benefits of worker's compensation program services to promote their understanding to gain support

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

and participation; or, a position clarifies the intent and rationale behind a safety and loss prevention program in order to promote the concept of work place safety to control insurance costs and gain support and participation from an agency or employer.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as a work leader or staff authority. The work leader is partially accountable for the work product of two or more full-time equivalent positions, including timeliness, correctness, and soundness. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. Typical elements of direct control over other positions by a work leader include assigning tasks, monitoring progress and work flow, checking the product, scheduling work, and establishing work standards. The work leader provides input into supervisory decisions made at higher levels, including signing leave requests and approving work hours. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

OR

The staff authority is a pacesetter who has a unique level of technical expertise in a field or profession that, as part of the assignment, is critical to the success of an agency. It is an essential component of the work assignment that has been delegated by management to the position. This authority directly influences management decisions within an agency. For example, management relies on such a position when making decisions regarding the direction that policy or a program should take in the staff authority's field of expertise. Managers and peers recognize and seek this level of technical guidance and direction regarding the application of policies, principles, practices, and other guidelines in a specialized worker's compensation subject area such as, special funds claims management, medical case management, and/or safety and loss prevention within an agency or to its clients. For example, a position functions as an authority in a specialized worker's compensation subject area and ensures applicable guidelines are applied properly by others when resolving issues such as, developing benefit delivery plans for special fund cases; providing medical case management services; or, providing safety and loss prevention services to agencies.

COMPENSATION INSURANCE SPECIALIST IV

H6J5XX

CONCEPT OF CLASS

This class describes first supervisory level work where positions supervise a work unit consisting of at least three full-time equivalent positions. In addition to the supervisory work described at this level, some positions also perform work described at lower-level specialist positions. The Compensation Insurance Specialist IV differs from the Compensation Insurance Specialist III on Complexity, Purpose of Contact, and Line/Staff Authority.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

Decision Making --The decisions regularly made are at the process level, as described here. Within limits set by professional standards, the agency's available technology and resources, and worker's compensation program objectives and regulations established by a higher management level, choices involve determining the process, including designing the set of operations used to ensure worker's compensation unit services are provided in an effective manner. The general pattern, program, or system exists but must be individualized to plan the delivery of worker's compensation services to suit specific client needs. This individualization requires analysis of data that is complicated. Analysis is breaking the problem or case into parts, examining these parts, and reaching conclusions that result in processes. This examination requires the application of known and established business management, claims management, underwriting, and/or safety and loss control program theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. For example, a position determines and designs the sets of operations and procedures, i.e., work processes to ensure worker's compensation program area services and activities are provided in an efficient and effective manner in order to achieve the objectives of a program area. New processes or objectives require approval of higher management or the agency with authority and accountability for the program or system.

Complexity --The nature of, and need for, analysis and judgment is formulative, as described here. Positions evaluate the relevance and importance of business management, claims management, underwriting, and/or safety and loss control program theories, concepts, and principles in order to tailor them to develop a different approach or tactical plan to fit specific circumstances. While general policy, precedent, or non-specific practices exist, they are inadequate so they are relevant only through approximation or analogy. In conjunction with theories, concepts, models, and principles, positions use judgment and resourcefulness in tailoring the existing guidelines so they can be applied to particular circumstances and to deal with emergencies. For example, a position evaluates business management, claims management, underwriting, and/or safety and loss control program concepts, models, or practices to design or improve work processes to deliver and provide worker's compensation program services in the areas of claims, employer services, medical cost containment, special funds, support services for line operations, and safety and loss prevention cost effectively.

Purpose of Contact --Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of clarifying underlying rationale, intent, and motive by educating others on unfamiliar concepts and theories. This goes beyond what has been learned in training or repeating information that is available in another format. For example, a position educates private organizations, state agencies, and others on the benefits of worker's compensation program services to promote their understanding to gain support and participation; or, a position clarifies the intent and rationale behind a safety and loss prevention program in order to promote the concept of workplace safety to control insurance costs and gain support and participation from an agency or employer.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as a unit supervisor. The unit supervisor is accountable, including signature authority, for actions and decisions that directly impact the pay, status, and tenure of three or more full-time equivalent positions. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. The elements of formal supervision must include providing documentation to support recommended corrective and disciplinary actions, signing performance plans and appraisals, and resolving informal

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

grievances. Positions start the hiring process, interview applicants, and recommend hire, promotion, or transfer.

COMPENSATION INSURANCE SPECIALIST V

H6J6XX

CONCEPT OF CLASS

This class describes positions that directly manage the activities and operation of an organizational unit. Work involves determining plans, and developing the budget, staffing patterns, work units, guidelines, and processes to accomplish work in order to implement and achieve organizational objectives. The Compensation Insurance Specialist V differs from the Compensation Insurance Specialist IV on the Decision Making and Purpose of Contact factors.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making --The decisions regularly made are at the interpretive level, as described here. Within limits of the strategic master plan and allocated human and fiscal resources, choices involve determining tactical plans to achieve the worker's compensation program area objectives established by the higher management (strategic) level. For example, a position establishes plans to assure program services and activities in the areas of claims, employer services, medical cost containment, special funds, support services for line operations, and/or safety and loss prevention are carried out timely and cost effectively. This involves establishing what processes will be done, developing the budget, and developing the staffing patterns and work units in order to deploy staff. This level includes inventing and changing systems and guidelines that will be applied by others such as guidelines that govern standards for the delivery of worker's compensation program area services. By nature, this is the first level where positions are not bound by processes and operations in their own programs as a framework for decision making and there are novel or unique situations that cause uncertainties that must be addressed at this level. For example, a position develops and sets guidelines and operating policies and devises work processes pertaining to the operations and delivery of program area services to be followed by others in order to reach objectives and assure quality and production goals are met. Through deliberate analysis and experience with these unique situations, the manager or expert determines the systems, guidelines, and programs for the future.

Complexity --The nature of, and need for, analysis and judgment is formulative, as described here. Positions evaluate the relevance and importance of business management, claims management, underwriting, and/or safety and loss control program theories, concepts, and principles in order to tailor them to develop a different approach or tactical plan to fit specific circumstances. While general policy, precedent, or non-specific practices exist, they are inadequate so they are relevant only through approximation or analogy. In conjunction with theories, concepts, models, and principles, positions use judgment and resourcefulness in tailoring the existing guidelines so they can be applied to particular circumstances and to deal with emergencies. For example, a position evaluates business management, claims management, underwriting, and/or safety and loss control program concepts, models, or practices

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

to design or improve work processes and establish policies and practices to deliver and provide worker's compensation program services cost effectively.

Purpose of Contact --Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of negotiating as an official representative of one party in order to obtain support or cooperation where there is no formal rule or law to fall back on in requiring such action or change from the other party. Such negotiation has fiscal or programmatic impact on an agency. In reaching settlements or compromises, the position does not have a rule or regulation to enforce but is accountable for the function. For example, a position negotiates as a representative of the agency, agreements with medical providers to develop and write medical curriculum for accreditation which is used to accredit medical professionals who are used to provide medical evaluation services for worker's compensation cases. Such negotiation has a direct impact on the work of the unit.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as a manager (unit supervisor). A manager with unit supervision is accountable, including signature authority, for actions and decisions that directly impact the pay, status, and tenure of three or more full-time equivalent positions. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. The elements of formal supervision must include providing documentation to support recommended corrective and disciplinary actions, signing performance plans and appraisals, and resolving informal grievances. Positions start the hiring process, interview applicants, and recommend hire, promotion, or transfer.

COMPENSATION INSURANCE SPECIALIST VI

H6J7XX

CONCEPT OF CLASS

This class describes positions that manage an organizational unit through subordinate level Unit Supervisors. Work involves determining plans, and developing the budget, staffing patterns, work units, guidelines, and processes to accomplish work in order to implement and achieve organizational objectives. The Compensation Insurance Specialist VI differs from the Compensation Insurance Specialist V on the Line/Staff Authority factor only.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making --The decisions regularly made are at the interpretive level, as described here. Within limits of the strategic master plan and allocated human and fiscal resources, choices involve determining tactical plans to achieve the worker's compensation program area objectives established by the higher management (strategic) level. For example, a position establishes plans to assure program services and activities in the areas of claims, employer services, medical cost containment, special funds, support services for line operations, and/or safety and loss prevention are carried out timely and cost effectively. This involves establishing what processes will be done, developing the budget, and developing the staffing patterns and work units in order to deploy staff. This level includes inventing and changing systems and guidelines that will be applied by others such as guidelines that govern standards for the

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

delivery of worker's compensation program area services. By nature, this is the first level where positions are not bound by processes and operations in their own programs as a framework for decision making and there are novel or unique situations that cause uncertainties that must be addressed at this level. For example, a position develops and sets guidelines and operating policies and devises work processes pertaining to the operations and delivery of program area services to be followed by others in order to reach objectives and assure quality and production goals are met. Through deliberate analysis and experience with these unique situations, the manager or expert determines the systems, guidelines, and programs for the future.

Complexity -- The nature of, and need for, analysis and judgment is formulative, as described here. Positions evaluate the relevance and importance of business management, claims management, underwriting, and/or safety and loss control program theories, concepts, and principles in order to tailor them to develop a different approach or tactical plan to fit specific circumstances. While general policy, precedent, or non-specific practices exist, they are inadequate so they are relevant only through approximation or analogy. In conjunction with theories, concepts, models, and principles, positions use judgment and resourcefulness in tailoring the existing guidelines so they can be applied to particular circumstances and to deal with emergencies. For example, a position evaluates business management, claims management, underwriting, and/or safety and loss control program concepts, models, or practices to design or improve work processes and establish policies and practices to deliver and provide worker's compensation program services cost effectively.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of negotiating as an official representative of one party in order to obtain support or cooperation where there is no formal rule or law to fall back on in requiring such action or change from the other party. Such negotiation has fiscal or programmatic impact on an agency. In reaching settlements or compromises, the position does not have a rule or regulation to enforce but is accountable for the function. For example, a position negotiates as a representative of the agency, agreements with medical providers to develop and write medical curriculum for accreditation which is used to accredit medical professionals who are used to provide medical evaluation services for worker's compensation cases. Such negotiation has a direct impact on the work of the unit.

Line/Staff Authority --The direct field of influence the work of a position has on the organization is as a manager. Manager positions must be accountable for multiple units through direct supervision of at least two subordinates Unit Supervisors; and, have signature authority for actions and decisions that directly impact pay, status, and tenure. Elements of formal supervision must include issuing corrective actions and initiating disciplinary actions, second level signature on performance plans and appraisals, resolving informal grievances. Positions start the hiring process, interview applicants, and recommend hire, promotion, or transfer.

ENTRANCE REQUIREMENTS

Minimum entry requirements and general competencies for classes in this series are contained in the State of Colorado Department of Personnel web site.

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

For purposes of the Americans with Disabilities Act, the essential functions of specific positions are identified in the position description questionnaires and job analyses.

CLASS SERIES HISTORY

Revised 9/1/98 (CVC). Change class code due to PS Consolidation study.

Effective 9/1/93 (CVC). Job Evaluation System Revision project. Published as proposed 6/1/93.

Revised 7/1/88. Levels I-A and I-B merged into Claims Reviewer I. Title, grade, occupational group, nature of work, distinguishing factors, some examples of work, knowledges, skills and abilities, education and experience for A1356X Claims Reviewer I. Grade, occupational group, nature of work, distinguishing factors, some examples of work, knowledges, skills and abilities, education and experience, substitution for A1357X Claims Reviewer II.

Revised 7/1/84. Class code, title, nature of work, distinguishing factors, Range A, B, C, some examples of work, knowledges, skills and abilities, education and experiences and substitutions for A1387* Compensation Insurance Rep. A, A1388* Compensation Insurance Rep. B, and A1389* Compensation Insurance Rep. C. Class code, title, nature of work, distinguishing factors, some examples of work, knowledges, skills and abilities, education and experience, substitution for A1391* Compensation Insurance Supervisor I.

Revised 7/1/80. Education and experience, addition of necessary special requirement for A1387* Compensation Insurance Rep. A, A1388* Compensation Insurance Rep. B and A1389* Compensation Insurance Rep. C. Distinguishing factors, grade and relationship for A1391* Compensation Insurance Supervisor I.

Revised 7/1/79. Title, nature of work, some examples of work, knowledges, skills and abilities, education and experience, substitution for A1387* Compensation Insurance Rep. A, A1388* Compensation Insurance Rep. B and A1389* Compensation Insurance Rep. C.

Revised 1/1/79. Title for A1387* Compensation Insurance Rep. A, A1388* Compensation Insurance Rep. B, and A1389* Compensation Insurance Rep. C.

Created 7/1/78. A1356X Claims Reviewer I and A1357X Claims Reviewer II.

Revised 7/1/77. Grade, relationship, knowledges, skills and abilities, education and experience, and substitution for A1391* Compensation Insurance Supervisor I.

Revised 2/1/77. Education and experience for A1391* Compensation Insurance Supervisor I.

Created 1/1/75. A1387* Compensation Insurance Rep. A, A1388* Compensation Insurance Rep. B, A1389* Compensation Insurance Rep. C, and A1391* Compensation Insurance Supervisor I.

CLASS SERIES DESCRIPTION (Cont'd.)
COMPENSATION INSURANCE SPECIALIST
September 1, 1998

SUMMARY OF FACTOR RATINGS

Class Level	Decision Making	Complexity	Purpose of Contact	Line/Staff Authority
Comp. Insurance Intern	na	na	na	na
Comp. Insurance Spec. I	Defined	Prescribed	Detect or Advise	Indiv. Contributor
Comp. Insurance Spec. II	Operational	Patterned	Detect or Advise	Indiv. Contributor
Comp. Insurance Spec. III	Process	Patterned	Detect, Advise, or Clarify	Work Leader or Staff Authority
Comp. Insurance Spec. IV	Process	Formulative	Clarify	Unit Supervisor
Comp. Insurance Spec. V	Interpretive	Formulative	Negotiate	Unit Supervisor
Comp. Insurance Spec. VI	Interpretive	Formulative	Negotiate	Manager

ISSUING AUTHORITY: Colorado Department of Personnel/General Support Services